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ABSTRACT

This nine-part booklet presents guidelines that suggest broad areas of responsibility within which the school nurse practitioner may identify functions and practices that are appropriate in achieving the objectives established by the school district. Part one states the beliefs regarding school health programs. Part two discusses program objectives and the factors influencing them. Part three presents personnel policies for nurses employed by boards of education. Part four presents seven guidelines regarding factors influencing staffing patterns. Part five discusses educational preparation for school nursing including graduate preparation and continuing education. Part six discusses the roles of the school nurse as health manager, deliverer of health services, advocate, health counselor, educator for health, and program evaluator. Part seven discusses evaluative criteria for school nursing and outlines management and/or behavioral objectives, activities, and assessment tasks established by the state and local health and education department for each of the roles of school nurse. Part eight provides guidelines for supervision in school nursing, and part nine outlines trends in school nursing. Guidelines for employment and preparation of school health assistants are appended, and a bibliography is included. (PD)

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GUIDELINES

FOR

THE SCHOOL NURSE

IN THE SCHOOL

HEALTH PROGRAM

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AMERICAN SCHOOL HEALTH ASSOCIATION

Kent, Ohio 44240

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PREFACE

This publication expresses the philosophy that the traditional role of the school nurse must be expanded to permit the school nurse to function as a practitioner. To develop the competencies to function in this expanded role, the school nurse must have advanced knowledge and skills which may be obtained in various ways. "School nurse," "school nurse teacher," "nurse practitioner," and "nurse specialist" are terms used interchangeably in many states. In this publication "school nurse" and "school nurse practitioner" are synonomous.

We are grateful to the members of the Subcommittee for their participation in the project, and to the staff members of the American Nurses Association and the American School Health Association for their assistance. To the Ciba Pharmaceutical Company and Reed & Carnrick, pharmaceutical manufacturers, our sincere gratitude for their grants which helped underwrite the costs of the project.

My personal thanks to all the individuals who contributed to the production of the revised guidelines.

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INTRODUCTION:
PURPOSE AND HISTORY OF THE PUBLICATION

School nursing as a professional entity is now in its eighth decade. School nurses have repeatedly attempted to define their role in the school and their responsibilities within the school health program. The primary focus of school nursing is enhancing the child's or youth's individual ability to utilize his intellectual potential and to make worthwhile decisions affecting present and future physical, social, and emotional health.

The Committee on School Nurse Policies and Practices of the American School Health Association was begun under the leadership of Miss Gertrude Cromwell. In 1952 the committee, under the chairmanship of Miss Eunice Lamona, began work on guidelines to be utilized by school nurses in establishing standards of practice. The committee work was continued under the leadership of Miss Lyda Smiley and in October, 1955, a statement entitled "Recommended Policies and Practices of School Nursing" was approved for publication and published in the January issue of *The Journal of School Health*. Revisions were made in 1956, and so published in 1959 to meet popular demand; a second revision, "The Nurse in the School Health Program: Guidelines for School Nursing," was begun in 1960 under the chairmanship of Miss Dorothy Tipple and was completed for publication in February, 1967, under the leadership of Mrs. Margaret Helton. The present revision was initiated in 1970 by the Chairman of the School Nursing Committee, the late Mrs. Gladys Williams, who appointed Mrs. Virginia Thompson to chair the revision committee. Members appointed to the committee were: Miss Mary Lou Brand, Miss Helen Brion, Mrs. Marguerite Cobb, Mrs. Virginia DePuy, Dr. Marion Fleck, Dr. Ann E. Hill, Mrs. Marion Landgraf and Mrs. Dee MacDonald. Committee membership reflects participation in all national school nurse organizations. The American Nurses Association accepted an invitation to provide Mrs. Edith Vincent as representative consultant to the committee.

The Guidelines are not intended to be ultimately definitive but rather to be suggestive of broad areas of responsibility within which the school nurse practitioner may identify functions and practices which are appropriate in achieving the objectives established in the individual school district. Nor are these Guidelines intended to restrict or eliminate any practices which appropriately belong within the framework of the responsibility of the school for the health of the children and youth.

Mrs. Gladys Williams noted that the greatest significant changes in the history of the profession have occurred in the past decade with the developing and expanded role of school nurses. The number of school nurses employed by boards of education has increased tremendously and the challenge for upgrading the profession has never been greater. There is a need to assist non-degree nurses employed as school nurses to obtain the baccalaureate degree, and to foster graduate study on an educational career ladder equated with that of the teaching profession. There is a need continuously to assess, program, follow-up, and evaluate priorities in order to bring accountability to the citizens of each community and to meet the changing needs of the children and youth.

V.T.

I
REAFFIRMATION OF BELIEFS

School Health Programs may be guided by these beliefs, subscribed to by the American School Health Association and the American Nurses Association.

We believe:

- Every child is entitled to educational opportunities which will allow each to reach full capacity as an individual and to prepare him or her for responsibilities as a citizen.
- Every child is entitled to a level of health which permits maximum utilization of educational opportunities.
- Every school has a legal and moral obligation to provide a school health program which will promote and protect the health of its children and youth.
- The school health program should be consistent with the philosophy and objectives of the school program.
- The school health program, through the components of health service, health education and concern for the environment, provides knowledge and understanding on which to base decisions for the promotion and protection of individual, family and community health.
- A dual preparation in health and education best qualifies professional personnel for participation in the intraprofessional and interdisciplinary approach to school health.
- Activities of the school health program play a primary role in establishing a viable working relationship with home and community.
- Parents have the basic responsibility for the health of their children; the school health program activities exist to assist parents in carrying out their responsibilities.
- The community has the responsibility of providing comprehensive health and related services; the school health program will assist parents and youth to utilize such community services effectively.
- School health program activities should include participation in regional, state and local comprehensive health planning to identify and interpret health needs, and to coordinate health services for children and youth, and their families.

II
PROGRAM OBJECTIVES

In planning a school health program, goals need to be clearly stated to give direction and to set priorities within the framework of the philosophy and objectives of the school.

Students and parents, the recipients of our school health services, should be involved in the formulation of goals and objectives as much as are the providers of health care from the school and the community.

These objectives should be used to determine the inherent value of the school health program in educating the child to make decisions to fulfill his academic, emotional, physical and social needs.

Objectives are accomplished through tasks or activities that are measurable either by evaluating the performance of the nurse or the behavior of the student in relation to the specific goal or objective. Both task-oriented and behavioral objectives can be used effectively while recognizing the strengths and limitations of each. Task-oriented objectives have the advantage of describing what the nurse will do, and they are useful as guidelines. These objectives describe the role of the school nurse in meeting certain goals, but fail to state what benefits the student may derive from the program. Objectives that will illustrate the influence the school health program has had on the behavior of the student may prove to be more relevant.

Further study must be undertaken at the local level to identify and state local objectives. Mager's *Goal Analysis* may be helpful in writing them.

School nursing objectives are influenced by several factors: nurse-pupil ratio, mobility of school population, socio-economic climate of the individual school community, acceptance and support of the school administrator and staff, and the interpersonal communication skills of the nurse in assisting families to accept appropriate care plans and to achieve mutually acceptable health goals.

At times it is difficult to state either in management or behavioral objectives the impact of nursing activities on the behavior of students because of the intra- and interdisciplinary involvement, as well as the influence of other significant factors.

Illustrations of management and/or behavioral objectives are included in this document in Section VII on "Evaluative Criteria for School Nursing."

III
PERSONNEL POLICIES FOR NURSES EMPLOYED BY BOARDS OF EDUCATION

Every profession has a responsibility to promote the highest quality of service of the amount and kind required to meet the needs of society. Inherent in this also is the responsibility of members of the profession to maintain and to upgrade high standards of performance, as well as to protect and improve their economic status. Professional nurses through their professional organizations have established minimum employment standards to serve as a guide in determining personnel policies and practices like the procedure followed in the teaching profession, supported in some instances by state legislation.

"School nurse," "school nurse-teacher," "school nurse practitioner," "school nurse specialist" are all terms used interchangeably in many states. In this publication "school nurse" and "school nurse practitioner" are syncnymous. The School Nurse Study Committee of the American School Health Association accepts the definition of the American Nurses Association of a "nurse practitioner" to delineate "school nurse practitioner." A school nurse practitioner is a

licensed professional nurse (certified school nurse*) who provides direct care to individuals, families, and others in a school setting. The service provided by the nurse practitioner is focused upon the delivery of primary, acute, or chronic care, and upon achieving, maintaining, or restoring the optimal functions of each child in the school. The nurse practitioner engages in independent decision-making about the health needs of children, families and school personnel and collaborates with other team professionals such as teachers, physicians, social workers, psychologists, counselors, and administrators in making decisions. The school nurse practitioner plans and institutes the school health program as a member of the district school health staff.

Guidelines

- *The nurse employed by the board of education should possess educational qualifications comparable in quality to those of her professional colleagues in teaching.*

  Specific recommendations are listed in Section V, entitled, "Educational Preparation for School Nurses."

- *School nurses should be considered as members of the professional staff of the school.*

  School nurses should have the same privileges and responsibilities as other members of the teaching staff. Nurses employed by boards of education must accept the dual allegiance of teaching and nursing as one of the demands of their field of specialization.

- *Personnel policies for school nurses should be consistent with those for other professional personnel in the school.*

  School nurses should be placed on the same salary schedule as teachers and should receive automatic increases on the same basis as provided for other professional personnel in the school.

  Comparable policies should be in effect for: hours of work, vacations and holidays, sick leave and leaves of absence, liability insurance, retirement plans, health programs, transportation allowances and other fringe benefits.

  The school nurse is responsible for active professional membership in her own national, state, and local nursing organizations as well as education and health-related organizations. Active participation upgrades her practice and keeps her abreast of current issues. Such participation is encouraged and provided equivalent to that of the professional educator.

- *The school nurse is a member of the school faculty and should dress according to faculty standards.*

  The school nurse is associated with positive aspects of health, not with sickness or disease. Her primary function is to promote the educational

*Required in many states.

process through the improvement of the health status of the children and youth. The white uniform and cap do not promote this concept of positive health.

- *The school nurse who is faced with a problem in economic security should look to both the local teachers' association, the district nurses' association, and local, state, and national school nurse organizations for assistance and clarification.*

Conclusion

Relative freedom from concerns about employment conditions is essential to permit the school nurse to make an optimal professional contribution to the health of the children and youth in the school.

IV
FACTORS INFLUENCING STAFFING PATTERNS

The quality of the school health program is dependent upon many factors, including judicious use of professional time, the proportion or ratio of pupils to the school health staff, and use of paraprofessional personnel. Boards of education, school administrators and public health officials are frequently asked for recommendations on these matters. There is no formula which will be applicable in every situation. Factors that influence staffing patterns should be given careful consideration by the administration of each school system. The decisions or policies which result from this consideration should reflect the quality of the school nursing services which are desired based on the objectives of the district and individual school health programs.

Guidelines

- *The established objectives of the health program of the school district should determine the number and kind of positions.*

  Objectives should be established by the local district after careful consideration of the broad responsibility of the school for the health of its children and youth. These goals should be based on the specific health needs of the pupils attending school in that particular district. School health functions may then be determined on the basis of the activities essential to achieve established goals.

- *Staffing is affected by administrative and organizational factors.*

  The functions of the school nurse are affected by the type of administrative control of the program. Research and experience indicate that the scope of the school health program is broader, the functions of the school nurse more comprehensive, and the satisfaction with the program as expressed by administrators is greater when the program is administered by a board of education.

The planning and organization of the school health program, depending upon its effectiveness, can increase or curtail efficiency of operation. A manual of health policies and procedures, provision for coordination within the school, and the establishment of school and community health councils contribute to productive activity.

School districts interested in expanding a health service program may be able to utilize the services of assistants to the school nurse. These assistants should be used only when direct supervision will be maintained by the regularly assigned school nurse. In staffing it must be remembered, however, that nursing time must be allotted for supervision of these assistants and that an assistant cannot substitute for the nurse.

Assistants are paraprofessionals who function in assisting the nurse in the school, freeing her to concentrate on those functions that she alone is prepared to assume. A school nurse must be prepared to accept the responsibility of supervision in order for the relationship to be productive. Guidelines for employment and preparation of school health assistants are given in the Appendix.

- *Mandatory legal regulations affect the amount of time that the school nurse must spend on certain phases of the program.*

  Certain procedures such as general health appraisal, vision and hearing screening may be mandated at specific intervals. In staffing, time must be allocated to accomplish these procedures as scheduled.

Vision screening may be mandated at specific intervals.

(Photo courtesy of Houston Independent School District
George E. Watters, Photographer)

- *Availability of other special services personnel determine staffing needs.*

  The employment of professionals such as school physicians, dental hygienists, health education teachers, audiologists, social workers, guidance counselors, attendance teachers, special education teachers and school psychologists will affect the number of the school nurse positions needed. The role of all personnel should be clearly defined and the expertise of each should be fully utilized. The team approach should improve the quality of the entire health program.

- *The degree of understanding and cooperation among school personnel determines the amount of school-nurse time needed to carry out many activities.*

  Time must be allotted to promote understanding of the school health program and to help members of the school staff to recognize their contributory role. Rapid increase or turnover in school personnel, or a school staff not accustomed to an organized school health program call for additional time for inservice.

- *Variables within each school district affect staffing patterns.*

  Some variables are inherent in the geographical and physical organization of the school district and individual school plants. Time will be required for home visits or for traveling between schools if the area is extensive. A health suite centrally located and provided with all the necessary equipment, including a telephone, can save much time for the nurse. Any lack of such facilities should be considered in determining staffing needs.

  A school population that is rapidly increasing or that is highly mobile places a heavy burden of additional responsibilities upon all members of the school staff. Achievement of effective home-school relationships based on understanding and mutual respect needs sustained effort, but demands a greater amount of time and effort in a rapidly changing school population.

  Priorities to provide for the needs of a specific age group may affect the kinds and numbers of needed services.

- *Home and community factors affect the staffing pattern.*

  A mobile population or a lack of stability within family groups compound health problems for the school and the community. Marked differences in economic levels, fluctuating economic resources, seasonal employment attracting migrant workers, or a high proportion of working mothers affect the scope of the total school program. Other considerations are the educational and cultural resources in the community, the educational level of parents and other members of the community, and their cultural patterns and values. The health problems of the community, the availability of community health and welfare facilities, and the cooperative working relationships existing between the school and the community agencies affect the work of the school nurse.

Conclusions

The School Nursing Committee of the American School Health Association has not attempted to set an arbitrary pupil-nurse ratio. School nurses should take a leadership role in conducting studies, amassing evidence and making recommendations to their State Department of Education and/or Health for establishing a realistic goal and a desirable standard.

There is a wide disparity in pupil-ratio. Some states have already proposed recommendations based upon studies of school nursing functions in those states. A recommendation made by the Bureau of Health Service, New York State Department of Education, suggests that the maximum load should not exceed 600-700 pupils. Another example, appearing in criteria for evaluating school health programs published by the California State Department of Education, suggests 1000-1400 pupils for elementary schools and 1200-1500 pupils for high schools. In Delaware the number of nurses employed by the local school district is set by legislative action in Section 1310 by Title 14 in the laws of the State of Delaware:

> . . . a number equal to one for each full 40 State units of pupils, except that in schools for the physically handicapped within the district the allocation shall be in accordance with the rules and regulations adopted by the State Board of Education; provided further that each reorganized school district shall have at least one school nurse.

Such variations, no doubt, will continue as differences in existing school health programs throughout the country continue, and as specific health needs of pupils affect individual schools.

A review of program objectives and the determination of nursing priorities from exploration of the school community should provide valuable information in planning the school health program. These factors should provide a basis for recommendations for staffing. One of the desirable results of such an assessment is the opportunity to evaluate current procedures and to update practices and conditions which are not conducive to efficient operation.

V
EDUCATIONAL PREPARATION FOR SCHOOL NURSING

School nursing requires specialized knowledge and skills to prepare competent practitioners to contribute and support the goals of education. School health activities for which the nurse in the school is responsible should contribute to achieving, maintaining, and restoring the health of the school child as an integral aspect of every school's program of education. There are various educational modalities which will prepare the professional nurse to function effectively in the school setting. The following recommendations are offered for the assistance of school administrators, school nurses, colleges and universities, state-certifying bodies and others interested in, or responsible for, the preparation of school nurses.

Baccalaureate Preparation

The first step in the preparation of the school nurse is the completion of a baccalaureate degree program in nursing, with an area of concentration in ambulatory health care and community health nursing. This position is supported by this statement of the American Nurses Association: minimum preparation for beginning professional nursing practice should be a baccalaureate degree program in nursing.

A graduate of a baccalaureate degree program in nursing should have acquired the professional competency necessary for beginning practice in school nursing under supervision. Recommendations for preparation of school nurses are developing along lines comparable to those for other professionals serving in the schools.

It is necessary to recognize that nursing education is undergoing transition and that many capable, presently employed school nurses do not yet have the baccalaureate degree. Schools of nursing should provide the leadership to assist these nurses to compensate for deficits in their previous education and go on to achieve the baccalaureate degree.

Preparation for the Independent Role

The school nurse practitioner in the independent role carries out functions or responsibilities requiring nursing judgment, uses initiative based on nursing experience, and has the education and the ability to maintain interdependent relationships with colleagues in health, education and related professional fields.

In order to function independently the beginning school nurse practitioner should pursue additional preparation through inservice, in continuing education, or eventually in graduate study.

Major components of a program to prepare the school nurse practitioner to perform in the independent role are:

- Foundations of education such as a study of the philosophy of education; the school as a social system; curriculum development; and organizational patterns in schools and communities.
- Social and behavioral sciences such as a study of child growth and development and the relationship to the learning process; society's influence on the child; child advocacy.
- Professional preparation:
    1. Assessment and interpretation of the health status of children through:
        a. Health history
        b. Screening techniques (vision, hearing, orthopedic)
        c. Techniques of physical appraisal using auscultation, palpation, instrumentation, such as otoscope, ophthalmoscope, stethoscope, sphygmomanometer.
    2. Health counseling and guidance, including techniques of group leadership, communications, and educational assessment procedures.

3. Management of the school health program including emergency care, organization, and evaluation, establishing and implementing inter- and intra-disciplinary work relations.
4. Health Education including activities and materials, appropriate to various age groups.
5. Comprehensive health planning including an overview of health care delivery systems.

- Practicum in school nursing in a school setting under the guidance of a master school nurse practitioner.

Graduate Preparation

A graduate program should build upon relevant knowledge, and upon attitudes and skills previously acquired educationally, or through experience. It should provide for independent study, research, and evaluation of school health programs, and processes of leadership as well as school nursing practice. It should utilize the expertise of various disciplines such as the health, physical, biological and social sciences, nursing, and education.

Continuing Education

Effective practice in school nursing depends upon the continuous renewal and extension of information and skills through continuing education.

Responsibility for Establishing Standards of Preparation

Every profession has the responsibility to establish standards for the academic preparation of its members and to stimulate the development of appropriate educational programs. The nursing profession has an obligation to support the preparation of nurses for school health on the baccalaureate and graduate levels and to promote and enhance practice in school nursing through programs in continuing education. School nurses must take a leadership role in development of standards for school nursing preparation and practice upon which graduate programs may be structured.

Educators should have a concern for standards developed for all professional school personnel. They share, with the nursing profession, a broad responsibility for an adequate educational preparation of nurses working in the school. Professional educators should be included in planning and implementing such programs.

Nursing and education personnel need to involve representatives of community health and welfare resources as well as to involve the consumers of school health services in the preparation and evaluation of standards of performance.

State departments or boards of education have the legal responsibilities to establish standards for preparation of the professional staff employed in the schools. They should give careful consideration to the development of certification requirements or minimum standards of preparation that are consistent with the objectives of a school health program. Certification requirements for school

nurses should be developed cooperatively by representatives of those groups that will be affected by their implementation, and they should be consistent with the standards recommended by the nursing profession.

School districts should provide sabbatical leaves and salary increments for educational improvement equivalent to those accorded teachers. Every school nurse should assume responsibility to obtain and maintain the professional competency necessary to perform effectively. The hallmark of a profession is its concern for maintaining the professional competence of its members.

VI
THE SCHOOL NURSE PRACTITIONER IN THE SCHOOL NURSING PROGRAM

The school nurse practitioner[1] functions as a member of the school staff under the direction of the administrator in the school to which the nurse is assigned. The school administrator has the responsibility for the development, interpretation, and maintenance of the school health program as an integral part of the total school program. The school nurse practitioner provides the leadership in planning and implementing interrelated health and educational services in cooperation with the administrative staff, school personnel, parents, students, and the representatives of the health disciplines within the school and in community agencies. Health services and health education have to be interdependent. Health services must include the educational component in order to affect beneficially the behavior of the child.

The primary responsibility of the school nurse practitioner is the achievement, maintenance and restoration of the health of the children and youth in the school setting. Recognizing that many factors influence the health and welfare of children, the school nurse practitioner must work not only with the child and school personnel but also with the family and community in the roles of manager, deliverer of health services, advocate, counselor, educator and evaluator.

The roles of the school nurse practitioner are here illustrated:

The school nurse practitioner as a health manager plans and implements a school health program which interrelates the components of health and education.

- Formulates objectives of the school health program within the framework of the school district philosophy.
- Organizes and carries out activities consistent with these objectives in accordance with the standards, policies, and procedures of the school district in such areas as:

  provision for the assessment of health status
  the handling of the exceptional child
  prevention and control of communicable disease
  the care of sick and injured

[1] Section III. Personnel Policies.

communications with students, families, staff and personnel for community agencies
illness-absence
safety hazards and environmental health

- Recommends facilities and budgetary items that are needed to carry out the total program, and special considerations for adjustments for the exceptional child.
- Initiates and/or participates in team conferences to meet health needs of exceptional children within special education and regular school programs.
- Maintains records on all procedures and activities for continuous program evaluation in order to revise the program when necessary.
- Uses an epidemiological approach to survey the health of the school community as a whole.

The school nurse practitioner as a deliverer of health services identifies the health needs of the school population and follows through to insure treatment, remedies and/or adjustment, where indicated, to achieve optimal health for the pupils in academic and social success.

- Confers with teachers about their observations and any specific health, welfare and social concerns.
- Identifies health and individual differences of children and youth at an early stage through health appraisals, health histories, screening programs and observation in the classroom and at play.

The school nurse practitioner identifies health and individual differences in children and youth early, through health appraisals.

[Photo courtesy of Houston Independent School District
George E. Kitten, Photographer]

- Is a member of the school team that identifies perceptual and learning disabilities.
- Follows through with parents and school personnel regarding health problems, emergencies and crisis situations.
- Establishes channels of communication with community resources that facilitate referral and follow-through of physical, emotional, social and educational disabilities.
- Assesses developmental history in relation to patterns of normal growth and development, and identifies manifestations of dysfunction.
- Uses techniques of observation, percussion, palpation, auscultation, instrumentation and laboratory procedures to assess the health status of the child.

The school nurse practitioner uses auscultation to assess the health status of the child.

(Photo courtesy of Houston Independent School District
George E. Watters, Photographer)

The school nurse practitioner as an advocate is the spokesman for the health rights of children and their families within the school setting and between the school and the community.

- Confers with school and community personnel to interpret the health needs of children and youth for which school or community planning is necessary.
- Fosters awareness of and acts upon legislative programs which may have an impact on school health services and education.

The school nurse practitioner as a health counselor provides opportunities for the school population to receive counseling and guidance in health matters through individual and group sessions.

- Assists children and youth, parents, and school personnel in identifying and utilizing appropriate and mutually acceptable private and community health delivery services for professional care and remediation.
- Counsels with parents, pupils and school staff regarding health aspects of illness in absence problems.
- Helps parents, school personnel and pupils understand and adjust to physical, mental and social limitations.
- Explores with families and pupils how their information, attitudes, and values affect their health behavior.
- Incorporates knowledge of socio-economic and cultural factors in the counseling process.

The school nurse practitioner as an educator for health uses health program activities as learning experiences to contribute to the health education of children and youth.

The school nurse practitioner uses health program activities as learning experiences to contribute to health education.

- Correlates health appraisal and screening procedures with the health education curriculum.
- Contributes new scientific knowledge and technology to the development of the health education curriculum and evaluates health education materials.
- Encourages teachers to present topics of interest and concern by providing stimulating and up-to-date materials.
- Collaborates with teachers in providing educational activities in areas such as

drug use and abuse, venereal disease, suicide, personal and family living, nutrition and safety methods.

- Involves the community in planning and implementing school and adult health education programs.
- Provides inservice education on health topics for school personnel based on the needs of the school population.

The school nurse practitioner as a program evaluator studies the total health program in terms of objectives and goal attainment.

- Conducts or participates in studies related to various aspects of the school health program, such as nurse-pupil ratio, staffing patterns and utilization of time.
- Designs and participates in research related to school health and health education.
- Participates in analyses of personal effectiveness in the total school health program and affecting behavioral change in the school population.

VII
EVALUATIVE CRITERIA FOR SCHOOL NURSING

Evaluation is a continuous process directed toward the upgrading of all phases of the school's activities and services. There are two major purposes for evaluating school nursing procedures: the continuous improvement of the school health program and the improvement of the nurse's performance.

Evaluation should determine the benefits of the school nursing services to children, the community and the school system by examining the quality, quantity and cost of the services, and the effect the program has on the health behavior of children and youth.

Evaluation can be accomplished through subjective devices such as a check list, efficiency-rating scale, sample records and observations. A more objective evaluation can be obtained through the use of activities and assessment tasks based upon performance and/or student objectives. If subjective and objective devices are used together, they should complement each other and provide evidence of the effectiveness of the over-all health programs and the nurse's performance. Local districts usually assess or evaluate the program in response to their particular needs, such as the amount of time spent on the program and the needs of the institution with whom the individuals are concerned.

Performance objectives that are designated in this guide as management or staff objectives are specific goals to be met by the fulfillment of measurable tasks which are the basis for an ongoing process of evaluation in line with accepted standards and changing needs. Behavioral objectives are those specific goals to be met by the fulfillment of measurable tasks by the object of the task (*e.g.*, student, personnel, community). In some areas both performance--manage-

ment or staff objectives, as illustrated under "A" and behavioral objectives ("AA") can be identified. Activities are those measurable tasks performed by the school nurse to reach goals. Assessment tasks are measurable standards established to enable the school nurse to evaluate her performance.

The following guide illustrates examples of management and/or behavioral objectives, activities and assessment tasks as established by the state and local health and education department for each of the roles of the school nurse practitioner in Section VI.

I. *The School Nurse Practitioner as a Health Manager*

A. *Management or Staff Objectives (Goals)*

1. The school nurse practitioner provides leadership in the management of school nursing services by formulating the objectives of the school health program, the writing of policies and procedures and the maintenance of records in accordance with local standards and the needs of the school community population.

B. *Activities (Measurable Tasks)*

1. The school nurse practitioner formulates objectives of the school health program within the framework of the school district philosophy.

2. The school nurse practitioner formulates policies and procedures to handle emergency care of the ill and injured at school.

3. The school nurse practitioner arranges an order of priority in assessing the health status of children and personnel according to grade, time allotment, health needs of the students, type and mobility of population, types of referrals, depth of assessment to be performed and services available.

4. The school nurse practitioner writes a procedure for referral of students with communicable disease or illness-absence.

5. The school nurse practitioner identifies special considerations in the environment, safe conditions and the curriculum that are indicated in the care of the exceptional child.

C. *Assessment Tasks (Measurable Standards for Evaluation)*

1. Current objectives of the school health program have been written and recorded and are utilized in carrying out the program.

2. A policy for the care of ill and injured in school has been adopted and is on file in the appropriate places such as the principal's office and the teacher's handbook, specifying high-risk areas such as physical education, industri-

al arts, or home economics. An inservice program for school personnel on these policies is held.

3. Ninety-five percent of the students who fall within the selected priority will have their health status assessed.

4. Procedures for communicable disease and illness control are on file and are followed by school personnel.

5. Ninety-five percent of the exceptional children who need special consideration in the areas of vision, hearing, learning disabilities, or physical limitations receive it.

II. *The School Nurse Practitioner as a Deliverer of Health Services*

A. *Management or Staff Objectives*

1. The school nurse practitioner identifies the health needs of ninety-five percent of the selected school population, follows through and not less than seventy-five percent of those identified receive remedial treatment and/or adjustment.

The school nurse practitioner identifies the health needs of the school population.

(Photo courtesy of Hayden Independent School District. George E. Wilkes, Photographer)

B. *Activities*

1. The school nurse practitioner identifies the health needs of the children during the current year through:

a. study of the developmental and health history

b. observations in the classroom and at play

c. screening programs in vision, hearing, dental and orthopedic conditions

d. in-depth health appraisal including percussion, palpation, auscultation, gross dental and neurological examination and laboratory procedures.

C. *Assessment Tasks*

1. Records will show that ninety-five percent of the children and youth in the priority classification new students, target populations in high mobility and disadvantaged areas, those requiring special programs involving remedial reading or learning disabilities, the mentally retarded, the emotionally disturbed, the physically handicapped, those with problems from early childhood education, referred students, sports participants and employment candidates have had their health needs identified through the designated procedure.

2. Records will show a follow-through and that seventy-five percent of the conditions identified as in need of treatment receive remedial attention and/or adjustment.

AA. *Behavioral Objectives*

1. Ninety-five percent of the selected students will participate in the identification process.

2. Seventy-five percent of the selected children who were found to have health needs during the annual school year will accept the treatment, remedies and/or adjustment indicated, such as wearing glasses, hearing aids, the limiting of physical activities, assignment of special seating in the classroom or special class placement.

BB. *Activities*

1. All new entrants will participate in a health history conference.

2. Seventy-five percent of the children found to have health needs will have treatment, remediation or adjustment.

CC. *Assessment Tasks*

1. Health records of all new entrants will show result records of health history conferences.

2. Health records of seventy-five percent of the children found to have had health needs will reveal evidence and results of remedial treatment and/or adjustment.

3. Health records of ninety-five percent of the students in

the priority classification will show results of screening and in-depth health appraisal.

III. *The School Nurse Practitioner as an Advocate*

A. *Management or Staff Objectives*

1. The school nurse practitioner will demonstrate her role as a spokesman for the health rights of children and their families within the school setting, and between the school and the community, in at least seventy-five percent of the known cases.

2. The school nurse practitioner will support or oppose legislation affecting child health.

B. *Activities*

1. The school nurse practitioner in her role as spokesman will analyze and discuss the effect of the student's physical and emotional health on his educational progress at conferences with parents, other personnel serving pupils, and teachers; and at placement and administrative meetings.

2. The school nurse practitioner will represent the health rights of the child and his family in community health planning committees; family court and other community agencies, such as law enforcement regarding drug violation, sex offenses, welfare and criminal activities; and at such organizations as the Lions Club, Kiwanis, Rotary and Women's Clubs.

3. The school nurse practitioner will support or oppose legislation affecting child health by verbal or written communications with legislators.

C. *Assessment Tasks*

1. Final reports of meetings and conferences, the school nurse practitioner's daily logs, and students' health records will reveal the school nurse's involvement as an advocate in at least seventy-five percent of the known cases.

2. The school nurse practitioner's reports will show quantitatively her activities with community health planning and other organizations that may be involved in child health.

3. Records of the school nurse practitioner's communications with legislators in support or opposition to legislation affecting child health will be shown to have been maintained.

AA. *Behavioral Objectives*

1. At least seventy-five percent of the school community population will readily identify the school nurse practitioner as the individual to approach as the spokesman for health rights of children and their families.

BB. *Activities*

1. Students will feel free to refer themselves to the school nurse practitioner in problems such as drug abuse, teenage pregnancy, child abuse and emotional problems.

2. School personnel will identify the school nurse practitioner as the spokesman for the health rights of the school population in order to alleviate safety hazards, or environmental and climatic conditions.

CC. *Assessment Task*

1. Students' health records and the school nurse practitioner's daily log and written communications will record all cases referred to the school nurse practitioner for action as an advocate. In seventy-five percent of these known cases, various actions will have been recorded.

IV. *The School Nurse Practitioner as a Health Counselor*

A. *Management or Staff Objective*

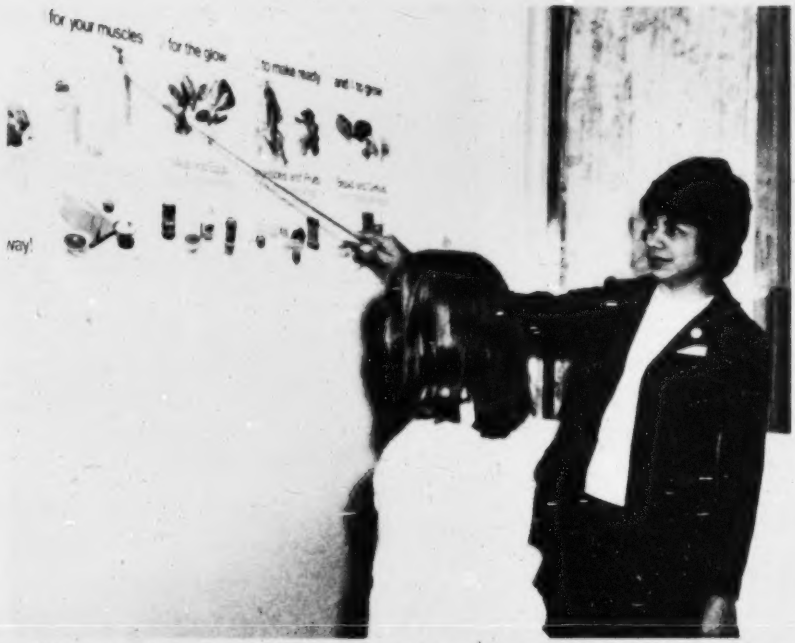
1. The school nurse practitioner provides opportunities through individual and group sessions for the school population to receive counseling and guidance on health matters.

B. *Activities*

1. The school nurse practitioner conducts conferences with parents and pupils of at least ninety-five percent of new entrants to determine their health needs from the histories of their development and health and to identify school and community health services available to them.

2. The school nurse practitioner confers with parents, pupils, and school personnel in eighty-five percent of the cases of pupils involved in illness absence which are repetitive or of long duration.

3. The school nurse practitioner gives assistance to all referred pupils, parents and school personnel to work through and solve personal health problems such as obesity, teenage pregnancy, drug abuse, venereal disease, family living habits, health career opportunities, and other health needs identified through screening and appraisal process.



The school nurse practitioner gives assistance to pupils with health problems, such as obesity.

(Photo courtesy of Houston Independent School District
George E. Watters, Photographer)

4. The school nurse practitioner holds conferences with parents, school personnel and/or pupils who have problems adjusting to limitations caused by conditions such as convulsive disorders, diabetes, sickle cell anemia, cystic fibrosis, cardiac and other physical aberrations.

C. *Assessment Tasks*

1. Pupils' health records and the daily logs of the school nurse practitioner will show that ninety-five percent of the new entrants have been interviewed.
2. Attendance records and pupils' health records will show that the school nurse practitioner has conferred with parents, pupils and school personnel in eighty-five percent of the cases of pupils involved in illness-absence which are repetitive or of long duration to assist in remedying health problems.
3. Records will indicate conferences have been held with all referred parents, school personnel and/or pupils referred who have special health problems.

V. *The School Nurse Practitioner as an Educator for Health*

A. *Management or Staff Objective*

1. The school nurse practitioner constructs activities in health services as learning experiences to contribute to the health education of children and youth.

B. *Activities*

1. The school nurse practitioner arranges health appraisal and screening procedures with health education curriculum units on sight, hearing, sound, the body systems and growth.

2. The school nurse practitioner identifies appropriate new scientific knowledge and technology to the health education teacher to maintain reliability and relevance.

3. The school nurse practitioner provides inservice education on health-related topics for school personnel based on the needs of the school population.

4. The school nurse practitioner provides educational activities in collaboration with teachers in areas such as drug use and abuse, venereal disease, incidence of suicide, personal and family living, nutrition and safety.

C. *Assessment Tasks*

1. The school nurse practitioner shows evidence that she was able to correlate vision screening in grades 1, 3 and 5; hearing screening in grades K, 2, 4 and 6; health appraisals in K, 1, 3 and 5; tuberculin testing in grades 7 and 10; sickle cell testing in grade 6; orthopedic screening in grade 5 with health education curriculum units.

2. The school nurse practitioner identifies sources of current information on topics such as cystic fibrosis, cancer, smoking, consumer education, drugs and alcohol through her communication with teachers.

3. Inservice education classes were shown to have been held on the teacher's legal responsibility for the care of the ill and injured; health education in the areas of sociological health problems, health counseling, descriptions of epilepsy and diabetes, and community resources.

4. The school nurse practitioner served as a demonstrator, team teacher or resource person at least five times a week.

VI. *The School Nurse Practitioner as a Program Evaluator*

A. *Management or Staff Objective*

1. The school nurse practitioner evaluates the total school

health program in terms of objectives and goal attainment based on the results of studies and research.

B. *Activities*

1. The school nurse practitioner conducts studies related to various aspects of the school health program such as nurse-pupil ratio, staffing patterns and utilization of time.

2. The school nurse practitioner designs and participates in research related to school health and health education such as the effectiveness of early discovery of amblyopia, or the health problems of children needing remedial reading.

C. *Assessment Tasks*

1. The school nurse practitioner redirects her program as a result of study of utilization of time, nurse-pupil ratio change, change in staffing patterns, etc.

2. Results of surveys and research have been disseminated to personnel who can effect changes due to the results.

VIII
SUPERVISION IN SCHOOL NURSING

The basic purpose of school nurse supervision is to strengthen school nurse practice. It should be dynamic and democratic, reflecting informed leadership. Supervision should support, assist, share, initiate and implement change. Supervision in school nursing must not only be provided for the professional staff, but also must be extended to assistants as well.

Guidelines

- *The school nurse supervisor is required to have much experience and advanced educational preparation.*

  The school nurse supervisor should have a broad base of experience in community health nursing and in school health nursing at both elementary and secondary levels.

  The supervisor should have a master's degree which gives added expertise in school health services and education, including techniques in supervision, school organization and administration.

  The supervisor should have state certification in school nursing and supervision or administration certification, if applicable.

- *School nursing supervision must be based upon understanding of the unique characteristics of school nursing.*

  The staff school nurse is frequently the only full-time health specialist

employed in the school system. She is assigned complete responsibility for all nursing functions in one or more school buildings in that district. Her assignment requires a high level of professional judgment and the ability to make independent decisions. It may include some functions which are usually considered administrative or supervisory in nature. Even in situations where nursing supervision is provided, the staff nurse still works relatively independently. Individual needs are best met by the maintenance of a school nursing services department under nursing direction.

- *School nursing supervision must be based upon understanding of the characteristics of school administration and organization.*

  The responsibility for the over-all administration and management of the total school program, including the school health program, rests with the chief school administrator. Administrative authority is delegated through a designated chain of command in a variety of ways. Building principals are responsible for the management of the entire program within their schools. A direct line of authority exists between the nurse and her principal and through the latter to the chief school administrator. Responsibilities of supervisory personnel may be administrative or consultative. Additional administrative authority may be vested in department heads. Supervisory personnel provide consultative services to all teaching and non-teaching personnel. School nursing services are organizationally placed in divisions, such as Health Services, or Pupil Services.

  State education departments should employ a qualified school nurse as a supervisor for consultative services to school nurses and local supervisors. The title designated for such a person to practice should be comparable to other members of the education team with similar responsibilities, *e.g.*, director, consultant, supervisor, coordinator.

  It is recommended that a school nurse be employed as a full-time supervisor in every school district where ten or more nurses are employed. Additional supervisors should be employed to assure that school nurses have access to consultative services in the same proportion as other departments. Time should be allocated for part-time supervisory services performed by a school nurse for a district with two to nine staff members.

- *School nurses need an official leader from within their own professional discipline.*

  The nurse in the leadership position must be delegated the authority to perform the functions assigned.

  The school nurse in carrying out leadership tasks assumes many roles: consultant, counselor, coordinator, interpreter, administrator, educator and motivator. Activities include: assessing, planning, organizing, implementing, and evaluating on a continuous basis. Every opportunity should be used to keep in contact with the entire school community to maintain personal contact.

  All professional personnel in the school are expected to have completed a program of pre-service education to provide the necessary competencies

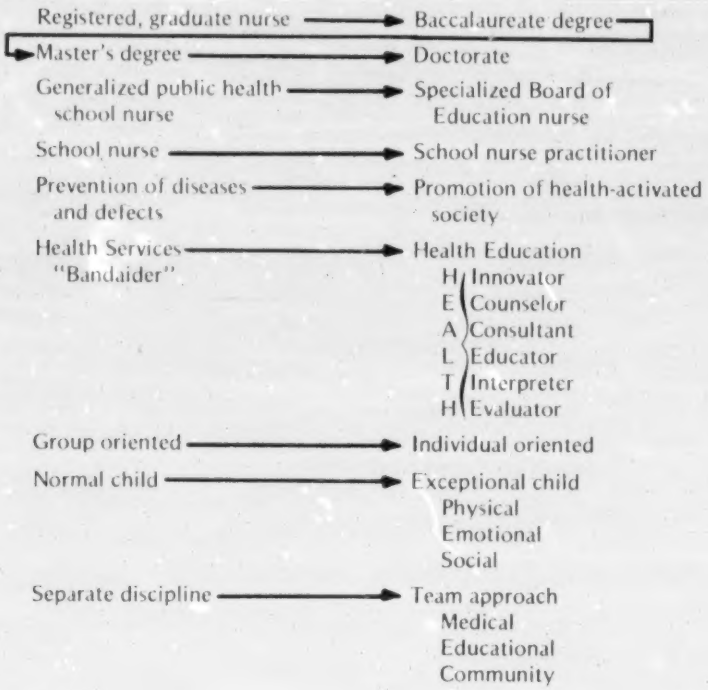
for beginning practitioners. One of the major tasks of the supervisor is to provide orientation for new staff members and opportunity for continuing growth through an active inservice program.

- *The school nursing supervisor must be responsible for helping the school nurse staff to utilize assistants effectively.*

  The school nursing supervisor must be prepared to give leadership in analyzing the professional and non-professional elements of school health functions, and to assist staff nurses in delegating appropriate functions to assistants in situations where assistants are employed.

IX
TRENDS IN SCHOOL NURSING

The profession of school nursing has continuously expanded in functions and responsibilities in the eighty some years since Lillian Wald placed a public health nurse in the New York City schools. School age children were infested with nuisance diseases and were endangered by the child labor practices which were abusive. After that first school nurse was placed in New York City in 1892, the quantity expanded across the United States. The following graphic outline exemplifies this development and history:



Local and state funding → Federal aid programs

Private health care for few → Services to masses
- Children
- Families
- Communities

Family centered → Child centered → School-community centered

Independent health program → Comprehensive community planning

Traditional education → Decision-making behaviors
- Sex education
- Family living
- Family planning
- Venereal diseases
- Drug education
- Smoking education
- Alcohol education
- Environmental health

Printed and verbal communication → Non-verbal feelings communication

School nurse functioning singly → Utilization of auxiliary personnel

Individual health concerns → Health of the whole child

Health screening-observations → Developmental and health history—appraisal

The school nurse practitioner is usually the only health professional in a school facility and serves the total school community. There are endless needs to be identified, continuously assessed and evaluated in focusing the priorities of the school health program.

As the years progress it may be that school nurse practitioners will expand more into their school communities as health resources. What other health professional do we find available to every geographic area of our country? The school nurse practitioner is that health professional.

APPENDIX

GUIDELINES FOR EMPLOYMENT AND PREPARATION OF SCHOOL HEALTH ASSISTANT

I. The following qualifications should be considered when employing a school health assistant:

A. Personal attributes

1. Good physical health
2. Stable emotional behavior, warm outgoing personality

3. Communication skills which can establish effective relationships

4. High moral character, trustworthy for holding confidentiality of health records and information

B. Educational requirements

1. High school education as a minimum

2. Acceptable clerical skills of filing, typing, and general office management

3. Advanced Red Cross First-Aid Certificate

II. School health assistants should be given pre-service orientation and continuous on-the-job training to perform specific tasks delegated by the assigned school nurse.

A. Pre-service orientation should:

1. Familiarize the assistant with state and district school health policies

2. Acquaint the assistant with policies and procedures of assigned school, including emergency care

3. Familiarize the assistant with the building, grounds, equipment and facilities in the community

4. Introduce the assistant to all school personnal in the assigned building

5. Outline responsibilities and duties

B. Inservice and continuous on-the-job training should prepare the assistant to perform designated skills and fulfill responsibilities under the *direct supervision* of the school nurse:

1. Maintain health office and student rest area in a neat, orderly fashion

2. Order supplies periodically and maintain them in appropriate locations

3. Maintain current home contact card on all students in the assigned school

4. Receive phone calls and refer them to the nurse as indicated

5. Initiate health records on all new students

6. Transfer health records as directed

7. Maintain file of health resource and printed materials, audio-visual models, films, filmstrips and bibliographies

8. Prepare schedules, assist or administer screening procedure and record results as indicated

9. Admit students to the health office and refer to school nurse practitioner as appropriate

10. Provide minor first-aid care to injured students according to established policy and procedure

11. Carry out established procedure for transfer of the care of ill or injured child to the parent or guardian

12. Type reports and letters as instructed by the school nurse practitioner

13. File reports and record notations on health record as directed

C. Effective performance can only be expected when there is a program of evaluation that is:

1. Conducted periodically in a formal manner by the supervising school nurse practitioner

2. Designed to initiate self-evaluation of performance and progress toward compliance with constructive suggestions made by the school nurse practitioner

3. Commensurate with evaluation of other assistants in the school district

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